# FRATERNAL SOCIETIES

COMPANY NAME:	NAIC Company Code:				
Contact:		Telephone:			
DECLIDED EILINGS IN THE STATE OF.	Massachusetts	Filings Mode During the Veer 2018			

(1)	(2)	(3)	NUMI	(4) BER OF CO	PIES*	(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom	estic	Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	2	EO	1	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	1	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	1	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 ½"x 14")	2	EO	1	3/1	NAIC	
		II. NAIC SUPPLEMENTS		•	•			•
	11	Accident & Health Policy Experience Exhibit	2	EO	1	4/2	NAIC	
	12	Analysis of Annuity Operations by Lines of Business	2	EO	1	4/2	NAIC	
	13	Analysis of Increase in Annuity Reserves During Year	2	EO	1	4/2	NAIC	
	14	Interest Sensitive Life Insurance Products Report	2	EO	1	4/2	NAIC	
	15	Long-Term Care Experience Reporting Forms	2	EO	1	4/2	NAIC	
	16	Management Discussion & Analysis	2	EO	1	4/2	Company	
	17	Medicare Part D Coverage Supplement				3/1 ,5/15, 8/15,		
		medicale rate B coverage supplement	2	EO	1	11/15	NAIC	
	18	Medicare Supplement Insurance Experience Exhibit	2	EO	1	3/1	NAIC	
	19	Risk-Based Capital Report	2	EO	1	3/1	NAIC	
	20	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	See Note 1
	21	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	1	4/2	NAIC	See Tiote 1
	22	Supplemental Health Care Exhibit's Allocation Report	2	EO	1	4/2	NAIC	
	23	Supplemental Investment Risk Interrogatories	2	EO	1	4/2	NAIC	
	24	Supplemental Term and Universal Life Insurance		LO	1	7/2	NAIC	
	24	Reinsurance Exhibit	2	EO	xxx	4/2	NAIC	
	25	Trusteed Surplus Statement		LO	AAA	3/1, 5/15, 8/15,	Tune	
	23	Trusteed Surpius Statement	0	EO	1	11/15	NAIC	
	26	Variable Annuities Supplement	2	EO	1	4/2	NAIC	
	27	VM 20 Reserves Supplement	2	EO	1	3/1	NAIC	
	2.1	VW 20 Reserves Supplement		EO	1	3/1	NAIC	
		Actuarial Related Items						
	28	Actuarial Related Hens Actuarial Certification regarding use 2001 Preferred Class				1	1	1
	20	Table	2	EO	1	3/1	Company	
	29	Actuarial Certification Related Annuity Non forfeiture		EU	1	3/1	Company	
	29	Ongoing Compliance for Equity Indexed Annuities	2	EO	1	3/1	Company	
	30	Actuarial Certification Related to Hedging required by		EO	1	3/1	Company	
	30	Actuarial Guideline XLIII	2	EO	1	3/1	Company	
	31	Actuarial Cutdefine ALIII  Actuarial Certification Related to Reserves required by		EU	1	3/1	Company	
	31	Actuarial Guideline XLIII	2	EO	1	3/1	Company	
	32	Actuarial Memorandum Related to Universal Life with		LO	1	3/1	Company	
	32	Secondary Guarantee Policies required by Actuarial						
		Guideline XXXVIII 8D	2	N/A	1	4/30	Company	
	33	Actuarial Opinion	2	EO	1	3/1	Company	
	34	Actuarial Opinion on Separate Accounts Funding		LO	1	J/ 1	Company	
	34	Guaranteed Minimum Benefit	2	EO	1	3/1	Company	
	35	Actuarial Opinion on Synthetic Guaranteed Investment		LO	1	J/ 1	Company	
	33	Contracts	2	EO	1	3/1	Company	
	36	Actuarial Opinion on X-Factors	2	EO	1	3/1	Company	
	37	Actuarial Opinion required by Modified Guaranteed		LO	1	J/ 1	Company	
	3,	Annuity Model Regulation	2	EO	1	3/1	Company	
	38	Financial Officer Certification Related to Clearly Defined		LO	1	J/ 1	Company	
	30	Hedging Strategy required by Actuarial Guideline XLIII	2	EO	1	3/1	Company	
	39	Life PBR Exemption		20	1	Commissioner 7/2	Company	
		Ente I Bit Exemption	2	E/O	1	NAIC 8/15	Company	
	40	Management Certification that the Valuation Reflects		<u> </u>	1	1.1110 0/13	Company	
	10	Management's Intent required by Actuarial Guideline						
		XLIII	2	EO	1	3/1	Company	
	41	RAAIS required by Valuation Manual	2	N/A	1	4/2	Company	
	42	Reasonableness & Consistency of Assumptions		11/71	1	3/1, 5/15, 8/15,	Company	
		Treasonableness & Consistency Of Assumptions		EO	1	11/15	I	1

(1)	(2)	(3)		(4)		(5)	(6)	(7)
(1)	(2)	(3)	NUMI	BER OF CO	PIES*	(3)	FORM	APPLICABLE
Checklist Line #		REQUIRED FILINGS FOR THE ABOVE STATE	Dom		Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	43	Reasonableness of Assumptions Certification required by	State	11110	State	3/1, 5/15, 8/15,		
		Actuarial Guideline XXXV	2	EO	1	11/15	Company	
	44	Reasonableness & Consistency of Assumptions		20	-	11/10	Company	
		Certification required by Actuarial Guideline XXXVI				3/1, 5/15, 8/15,		
		(Updated Average Market Value)	2	EO	1	11/15	Company	
	45	Reasonableness & Consistency of Assumptions					T. J.	
		Certification required by Actuarial Guideline XXXVI				3/1, 5/15, 8/15,		
		(Updated Market Value)	2	EO	1	11/15	Company	
	46	Reasonableness of Assumptions Certification for Implied					The state of the s	
		Guaranteed Rate Method required by Actuarial Guideline				3/1, 5/15, 8/15,		
		XXXVI	2	EO	1	11/15	Company	
	47	RBC Certification required under C-3 Phase I	2	EO	1	3/1	Company	
	48	RBC Certification required under C-3 Phase II	2	EO	1	3/1	Company	
	49	Statement on non-guaranteed elements – Exhibit 5 Int. #3	2	EO	1	3/1	Company	
	50	Statement on participating/non-participating policies –		LO	•	3/1	Company	
	30	Exhibit 5, Inter. #1&2	2	EO	1	3/1	Company	
		Eximon 3, mior. #102		LO	- 1	5/ 1	Company	+
		III. ELECTRONIC FILING REQUIREMENTS		<u> </u>	1	<u> </u>	l	L
<u> </u>	61	Annual Statement Electronic Filing	VVV	EO	VVV	3/1	NAIC	
	62	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
<u> </u>		<u> </u>	XXX		XXX NI/A			
	63	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	65	Separate Accounts Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	66	Separate Accounts .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	67	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	68	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15 & 11/15	NAIC	
	70	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15 & 11/15	NAIC	
	71	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	1	6/1	Company	
	82	Audited Financial Reports	1	EO	1	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	1	0/1	Company	
	84	Communication of Internal Control Related Matters	1	14/21	-		Company	
	0-	Noted in Audit	1	EO	1	8/1	Company	
	85	Independent CPA (change)	1	N/A	1	0/1	Company	
	86	Management's Report of Internal Control Over Financial	1	11/71	1		Company	
	80	Reporting	1	N/A	1	8/1	Company	
<u> </u>	97	1 5	1	N/A N/A	1	0/1		+
	87 88	Notification of Adverse Financial Condition	1	IN/A	1		Company	
	00	Relief from the five-year rotation requirement for lead	1	EO	1	3/1	Compone	
	89	audit partner  Relief from the one-year cooling off period for	1	EU	1	J/ 1	Company	
	89		1	EO	1	2/1	Commercia	
	00	independent CPA  Policif from the Provincements for Audit Committees	1	EO	1	3/1	Company	-
	90	Relief from the Requirements for Audit Committees	1	EO	1	3/1	Company	-
	91	Request for Exemption to File Management's Report of	4	NT/A			G	
<u> </u>		Internal Control Over Financial Reporting	1	N/A	1		Company	
		V. Office and Company						
<u> </u>	401	V. STATE REQUIRED FILINGS		_ ~		Lau	~	T
	101	Certificate of Compliance	1	0	1	3/1	State	
	102	Certificate of Deposit	1	0	1	3/1	State	
	103	Certificate of Valuation	1	0	1	3/1	State	
	104	Corporate Governance Annual Disclosure***	0	0	0		Company	
	105	Filings Checklist (with Column 1 completed)	0	0	0		State	
	106	Premium Tax	@@@	0	@@@		State	See Note 2
	107	State Filing Fees	1	0	1	3/1	State	See Note 3
	108	Signed Jurat	XXX	0	@@@		NAIC	See Note 8
	109	License Renewal Application	1	0	1	3/1	State	See Note 3
	107	rene appround	-				Saic	200110003
				i		l	L	1

<sup>\*</sup>If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing). If @@@ appears in this column, please refer the 2017 Filing Checklist Notes.

 $<sup>\</sup>ensuremath{^{**}\text{If}}$  Form Source is NAIC, the form should be obtained from the appropriate vendor.

<sup>\*\*\*</sup>For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: <a href="http://www.naic.org/public lead state report.htm">http://www.naic.org/public lead state report.htm</a>.

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact:	Financial Surveillance / Company
		Licensing Telephone: 617-521-7794 or
		Companies.Mailbox@state.ma.us
В	Mailing Address:	Commonwealth of Massachusetts
		Division of Insurance
		Company Licensing Section
		1000 Washington Street, Suite 810
		Boston, MA 02118-6200
С	Mailing Address for Filing Fees:	Massachusetts Division of Insurance
C	Walning Address for I ming I ces.	Annual Filing Fee / Company License Renewal
		PO Box 370039
		Boston, MA 02241-0739
D	Mailing Address for Premium Tax Payments:	Commissioner of Revenue
D	Waning Address for Fremani Tax Layments.	Audit Division
		Banking and Insurance Unit
		PO Box 7052
		Boston, MA 02204
		Telephone: 617-887-6710
E	Delivery Instructions:	Massachusetts General Laws, Chapter 176, Secti
		41(1) requires that the Annual Statement <b>be rece</b>
		on or before March 1, 2018. All schedules due
		that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be securely attached to the appropriate that date must be secured
		pages or bound separately.
F	Late Filings:	Massachusetts General Laws, Chapter 176, Section
		41(7) provides for a penalty of <b>\$100 per day</b> if the
		Annual Statement and any other related filings are
		not received in the proper form and by the date
		required. In addition, any company that neglects
		file in the proper form and by the date required n
		be required to cease writing new business as long
		this deficiency continues.
G	Original Signatures:	Original notarized signatures of at least two princ
G	Original Signatures.	
		officers of the company.
Н	Signature/Notarization/Certification:	Annual Statements must be subscribed and sworn
		before a notary by at least two principal officers of
1		the company.
I	Amended Filings:	and company.
J	Exceptions from normal filings:	
K	Bar Codes (State or NAIC):	Please follow the instructions in the NAIC Annua
		Statement Instructions.
L	Signed Jurat:	Massachusetts requires all fraternal societies to fi
		printed annual statements, quarterly statements, a
		supplements, including a signed Jurat.
3.6	NOVE ET	DI CH d : d : d : A MAYO
M	NONE Filings:	Please follow the instructions in the NAIC Annua
		Statement Instructions.
N	Filings new, discontinued or modified materially since last year	: See new lines 26, 27 and 39.

# General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC

will not be sending their own checklist this year.

<u>Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC.</u> Companies are not required to file hard copy filings with the NAIC.

#### Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

#### Column (2) Line #

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

#### Column (3) Required Filings

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March.PDF Filing* is .pdf files for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital.PDF Filing is the .pdf file for risk-based capital data.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts.PDF Filing is the .pdf file for the separate accounts annual statement and investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The *Supplemental.PDF Filing* is the .pdf file for all supplements due April 1.

The Quarterly Electronic Filing includes the quarterly statement data.

The Quarterly.PDF Filing is the .pdf for quarterly statement data.

The June.PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

#### Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

## Column (5) Due Date

Indicates the date on which the company must file the form.

## Column (6) Form Source

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on its website). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC Annual Statement Instructions.

## Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.